

For BAO Office Use Only

Licence/Site Number	Receipt Number
Checked By:	Date (yyyy/mm/dd)
Approved By:	Date (yyyy/mm/dd)

Please refer to section 10 instructions/information sheet before completing this form.

1. The applicant is applying for the following licence: (check appropriate type)

<input type="checkbox"/> Sales representative <i>Funeral, Burial and Cremation Services Act, 2002</i>	<input type="checkbox"/> New application	<input type="checkbox"/> Reinstatement application	<input type="checkbox"/> Renewal application
<input type="checkbox"/> <i>Cemeteries supplies and services</i>	<input type="checkbox"/> <i>Crematorium supplies and services</i>		
<input type="checkbox"/> OACFP, Cemetery Sales Representative Course Completed	For renewal or reinstatement please provide Licence number		

2. Applicant Information

Last Name	First Name	Middle Initial	Date of Birth (yyyy/mm/dd)	Gender
-----------	------------	----------------	----------------------------	--------

Residential Address in Ontario

Unit/Suite/Apt	Street Number	Suffix	Street Name	Street Type	Direction
PO Box	Station	Rural Route	Lot/Part/Block/Section	Concession/Plan	
City/Town/Municipality		Province	County/District	Postal Code	
Telephone Number (include area code)		Fax Number (include area code)	Email Address		

Mailing address (if different from residential address)

Unit/Suite/Apt	Street Number	Suffix	Street Name	Street Type	Direction
PO Box	Station	Rural Route	Lot/Part/Block/Section	Concession/Plan	
City/Town/Municipality		Province	County/District	Postal Code	
Telephone Number (include area code)		Fax Number (include area code)	Email Address		

Is the applicant a Canadian Citizen? Yes No If no, attach evidence of legal entitlement to work in Canada.

List previous residential address

Unit/Suite/Apt	Street Number	Suffix	Street Name	Street Type	Direction
PO Box	Station	Rural Route	Lot/Part/Block/Section	Concession/Plan	
City/Town/Municipality		Province	County/District	Postal Code	

3. Employment history during the past 3 years (Include period(s) of unemployment and study)

Name of employer	Address of employer	Type of business of employer	Nature of employment	Period of employment (yyyy/mm/dd)
				From: To:
				From: To:
				From: To:

4. This section must be completed (attach additional sheet if required)

Note: If the answer to any of the following questions is "YES", provide full details on signed and dated page and attach to the application with any relevant documentation.

It is a serious offence to make a false statement in this application. A false statement may delay the processing of this application and/or may result in the Registrar's refusal to issue a licence. (check appropriate response).	No	Yes	Check Appropriate Response	Previously Reported
		<input type="checkbox"/>		
A. Are you engaged, occupied, employed or associated directly or indirectly, in any other business, occupation or profession?	<input type="checkbox"/>	<input type="checkbox"/>	Provide full details in Section 7 or on a separate page.	<input type="checkbox"/>
B. Are you registered, licenced or appointed under this or any other legislation in any province, territory, state or country? (Exclude driver/motor vehicle licences)?	<input type="checkbox"/>	<input type="checkbox"/>	Provide full details on a separate signed and dated page (include type, licence number, jurisdiction, registration, or appointment).	<input type="checkbox"/>
C. Have you ever had a registration, licence or appointment of any kind in any province, territory, state or country (including driver/motor vehicle licences), refused, suspended, revoked or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>	Provide full details on a separate signed and dated page (include type, jurisdiction and any other relevant details).	<input type="checkbox"/>
D. Have you ever been an officer, director or controlling shareholder of a corporation that has had a registration, licence or appointment of any kind, in any province, territory, state or country refused, suspended, revoked or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>	Provide full details on a separate signed and dated page (include type, jurisdiction and any other relevant details).	<input type="checkbox"/>
E. Have you ever pleaded guilty or been found guilty or convicted of an offence under any law of any province, territory, state or country, or are you currently the subject of any charges? (This includes probation orders and absolute or conditional discharges. You do not have to disclose any offence for which a pardon has been granted under the Criminal Records Act and which has not been revoked. A pardon is not granted simply because of the passage of time. You do not have to disclose convictions under the <i>Youth Criminal Justice Act</i> or minor traffic violations such as speeding or parking tickets.) If Yes, are you subject to a probation order?	<input type="checkbox"/>	<input type="checkbox"/>	Provide full details on a separate signed and dated page.	<input type="checkbox"/>
F. Have you ever been or are you now an officer, director or controlling shareholder of a corporation which has ever pleaded guilty or been convicted of an offence under any law of any province, territory, state or country, or is currently the subject of any charges?	<input type="checkbox"/>	<input type="checkbox"/>	Provide full details on a separate signed and dated page.	<input type="checkbox"/>
G. Have you ever had an employment or business relationship terminated for cause based on breach of trust or confidentiality, deceit, fraud, theft, forgery, misappropriation of funds, harassment or assault or other similar conduct?	<input type="checkbox"/>	<input type="checkbox"/>	Provide full details on a separate signed and dated page.	<input type="checkbox"/>

5. Certification

I hereby certify that the information provided is, to the best of my knowledge and belief, true.

Dated at _____ this _____ day of _____, 20 _____

Signature of Applicant

Print Name in Full

6. Information from employers

- List all employers that the applicant will be employed by including the primary employer and any secondary employers.
- Please copy this page and attach additional pages if more space is required to provide information on any other employers.

a) Primary employer

Cemetery (refer to section 7) Crematorium Other, please specify:

Name of Primary Employer

Employer's Licence Number

Business address

Unit/Suite/Apt	Street Number	Suffix	Street Name	Street Type	Direction
PO Box	Station	Rural Route	Lot/Part/Block/Section	Concession/Plan	
City/Town/Municipality		Province	County/District	Postal Code	
Telephone number (include area code)		Fax number (include area code)	E-mail address		

I hereby certify that I have personally and fully discussed the response to each question of this application with the applicant prior to executing this document and am satisfied that the information given by the applicant is true to the best of my knowledge and belief, and request that the application be granted. I acknowledge that the applicant may also be employed by another operator licensed under the *Funeral, Burial and Cremation Services Act, 2002*. I further certify that I will not employ the applicant in the capacity to which this application applies until I receive his/her licence.

Signature of Employer

Print Name and Title in Full

b) Secondary employer (if applicable)

Cemetery Crematorium Other, please specify:

Name of Secondary Employer

Employer's Licence Number

Business address

Unit/Suite/Apt	Street Number	Suffix	Street Name	Street Type	Direction
PO Box	Station	Rural Route	Lot/Part/Block/Section	Concession/Plan	
City/Town/Municipality		Province	County/District	Postal Code	
Telephone number (include area code)		Fax number (include area code)	E-mail address		

I hereby certify that I have personally and fully discussed the response to each question of this application with the applicant prior to executing this document and am satisfied that the information given by the applicant is true to the best of my knowledge and belief, and request that the application be granted. I acknowledge that the applicant may also be employed by another operator licensed under the *Funeral, Burial and Cremation Services Act, 2002*. I further certify that I will not employ the applicant in the capacity to which this application applies until I receive his/her licence.

Signature of Employer

Print Name and Title in Full

7. Check off all other licences held by the applicant under the *Funeral, Burial and Cremation Services Act, 2002*

Licence Type	Licence #	Date Licence issued and by whom
<input type="checkbox"/> Sales Representative - Cemetery		
<input type="checkbox"/> Sales Representative - Crematorium		
<input type="checkbox"/> Sales Representative – Transfer services		
<input type="checkbox"/> Cemetery Operator		
<input type="checkbox"/> Crematorium Operator		
<input type="checkbox"/> Funeral Establishment Operator - Class 1		
<input type="checkbox"/> Funeral Establishment Operator - Class 2		
<input type="checkbox"/> Funeral Director - Class 1		
<input type="checkbox"/> Funeral Director - Class 2		
<input type="checkbox"/> Transfer Service Operator, Class 1		
<input type="checkbox"/> Transfer Service Operator, Class 2		
<input type="checkbox"/> Funeral Preplanner		

8. Condition of Licence

The Licensee shall not offer to sell, sell or provide any licensed supplies or services that the operator by whom the licensee is employed is not authorized to offer to sell, sell and provide.

9. Notice and consent of applicants under applicable privacy laws

This application form is governed by the *Funeral, Burial and Cremation Services Act, 2002* (FBCSA) and its Regulations. The application form and content have been approved by the Registrar. The Registrar may refuse to issue a licence or renew a licence in circumstances set out in the FBCSA. Such circumstances include the past conduct of the applicant in relation to whether the Act and Regulations may be breached.

Therefore, I/we understand that the Bereavement Authority of Ontario (BAO) collects and uses this information to process this application to verify the information provided on this form and to determine in accordance with the FBCSA and the Regulations whether a licence should be issued, renewed or revoked. Without limiting the generality of the foregoing, I/we understand that the collection/disclosure may include information from the Canadian Police Information Centre (C.P.I.C).

In addition, this information may, in the Registrar's discretion, be disclosed to organizations in or out of Ontario including: licensing or regulatory authorities, government regulators or other law enforcement agencies, professional and industry associations.

I/we also understand that the information collected pursuant to this application and in relation to the conduct as a licensee under the *Funeral, Burial and Cremation Services Act, 2002*, may be shared with regulating authorities and/or law enforcement agencies in or out of Ontario and that such information may be used in determining my/our licence status in this and other jurisdictions in which I am/we are licensed or have/has applied to be licensed.

I/we also understand the BAO may also use this information for the purpose of conducting quality assurance surveys and other similar programs and may contact me/us for such a purpose either directly or through an agent.

I/we understand the BAO may also disclose to the public by telephone, in writing or any other manner, including the internet, my/our licence information including but not limited to: licence number, licence type and status, applicable dates, business name, business/contact person, business/contact address, business/contact telephone number, business/contact facsimile number and business e-mail address.

I/we consent to the collection, use and disclosure of information for the purposes stated above and to determine whether I/we are and remain qualified for licensing in all jurisdictions.

I/we also certify that the information provided is, to the best of my/our knowledge and belief, true.

Dated at _____ this _____ day of _____, 20 _____

Signature of Applicant

Print Name in Full

The official who can answer questions about the collection of this information on this application is:

The Registrar, *Funeral, Burial and Cremation Services Act, 2002*

Bereavement Authority of Ontario
100 Sheppard Avenue East, Suite 505
Toronto, ON M2N 6N5

Tel: 647-483-2645 Toll-free: 844-493-6356 Fax: 647-748-2645
Email: info@thebao.ca

10. Instructions/Information – New, Renewal, and Reinstatement of Sales Representative Applications

Sales Representative Cemetery Supplies and Services

Any person who offers to sell, sells or provides any licensed supplies or services on behalf of the operator of a commercial cemetery, or whose primary occupation is selling licensed supplies or services

Sales Representative Crematorium Supplies and Services

Any person who offers to sell, sells or provides any licensed crematorium services on behalf of a crematorium operator.

It is strongly recommended that all applicants familiarize themselves with the *Funeral, Burial, and Cremation Services Act, 2002* and its Regulations. Particular attention should be given to the Regulations, which deal with terms and conditions of registration.

You can review the on-line version of the Act at Ontario's e-Laws web site: <http://www.e-laws.gov.on.ca>

General Requirements for Registration

- 18 years of age or over
- A Canadian citizen or evidence of legal entitlement to work in Canada.
- Completion of OACFP, Cemetery Sales Representative Course.

Fees

A fee is required along with the application for a Sales Representative licence under the *Funeral, Burial and Cremation Services Act, 2002*. The required fees are as follows:

- New application: \$250.00
- Reinstatement application: \$250.00
- Renewal application: \$200.00

Payment may be made by cheque, money order or credit card (American Express, Visa, MasterCard) payable to the **Bereavement Authority of Ontario**. **Note: Do not send cash by mail.**

There will be a charge of \$35.00 for any cheque returned by a financial institution for non-sufficient funds.

If you require further assistance, please call 647-483-2645 or toll-free 844-493-6356.

Mail applications to:
Bereavement Authority of Ontario
100 Sheppard Avenue East, Suite 505
Toronto, ON M2N 6N5

Note:

- As of January 16, 2016 applicants for cemetery and crematorium sales representative licences or any other licence application that requires a Police Records Check (P.R.C.), must provide a P.R.C. obtained from the Police Service of the jurisdiction of their residence.
- It is an offence, for which you may be charged, to make a false statement in this application. In addition to any charges that may be laid, a false statement will delay the processing of this application, and may result in its refusal.
- Only fully completed applications, accompanied by all required documentation will be processed. All others will be returned.
- If the application and fees are not received prior to the expiry date, your registration will be terminated.
- All Sales Representative applicants must successfully complete the Cemetery Sales Representative Course through the Ontario Association of Cemetery and Funeral Professionals (OACFP).